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ART. I.—*Introductory Lecture, at the opening of the thirteenth Annual Session of Rush Medical College, Nov. 5th, 1855.*—By DANIEL BRAINARD, M. D. Professor of Surgery and President of the College.

GENTLEMEN OF THE MEDICAL CLASS:

The present occasion seems to constitute an epoch in the history of the Medical College of Chicago, in which, it will I hope, be considered not out of place to pass in review the past history of the Institution, take a survey of its present condition, and cast a glance at its prospects for the future.

It is now eleven years since, on the occasion of the finishing of our first building, I addressed the medical class and the public, at the opening of the second annual course of lectures, and I well remember, thinking myself called upon at that time to enter into an enumeration of the reasons which had induced me in connection with my colleagues and friends, to attempt the building up of a Medical Institution in this city; for sanguine as were the hopes at that time, concerning the prospects of this city, it is not to be denied that many persons here regarded the attempt as premature; and abroad we have reason to know that the undertaking was looked upon as chimerical, likely to end in failure; and if successful, destined to add another

to the number of medical schools, already too great, in which neither competent teachers nor suitable means of instruction were to be found. In order to correct and counteract these opinions, I entered on the occasion referred to, into an elaborate enumeration of reasons deemed suitable to justify the undertaking. The growth of the city, and its certain prospect of becoming the metropolis of a large section of country, the fertility of the country itself, and the certainty of its being soon filled with a dense population, the probability of securing the services of competent, scientific men as teachers, and of procuring suitable apparatus, and means of illustrating the lectures on the various branches, together with the certainty that the city would afford, in hospitals to be established, sufficient means of clinical instruction—such were the topics to which I endeavored to direct the attention of the audience.

It is probable that this attempt met with but very partial success, and that many went away as they came, incredulous in regard to the feasibility of an enterprise, of which indeed, time alone could determine the practicability and the wisdom.

The lapse of twelve years, has shown the entire feasibility or the impracticability of many a cherished scheme—no one at this day can pretend to have foreseen what has happened in this city and the surrounding country, yet in regard to this undertaking we may now safely say, that time has demonstrated the soundness of the reasons on which it was based, vindicated the prudence of those who originated it, and shown abundantly, that to hold a position of honor and usefulness, it had need only to keep pace with the growth of our city and of the State.

The first idea of the establishment of a medical college in Chicago, dates as far back as 1836. In the autumn of that year, in connection with the late J. C. Goodhue, of Rockford in this State, then a resident of this city, I drew up the act of incorporation of this college, and had it presented to the Legislature, at its session in Vandalia, the subsequent winter. Nearly all the innumerable applications for charters of every kind were at that period granted without hesitation, and this passed with the rest, and was approved on the 2d of March, 1837. The application for a charter had been made in good faith, and with the full expecta-

tion of immediately organizing an institution under it; but the revulsion which took place in business in 1837, fell with blighting influence upon private and public enterprises alike, and some of those who, the year before, had the means and the disposition to aid and handsomely endow the institution, here found themselves without the means of supporting their own families.

The plan for the immediate organization of the institution was therefore dropped, and no action took place under the charter before the summer of 1843.

Early in the autumn of that year the Faculty of the college was organized by the appointment of four professors; professor Blaney held the chairs of Chemistry and Materia Medica, the late professor McLean, that of Theory and Practice of Medicine, Dr. M. L. Knapp, that of Obstetrics and Diseases of Women and Children, whilst that of Anatomy and Surgery were combined together and given myself. The fees for the entire course were, at that time, \$60.

The session commenced on the 4th of December, 1843, and continued sixteen weeks. This was before the erection of any building, and the lectures were delivered in two small rooms, procured for the purpose, on Clark street. The number of students attendant upon this course, was twenty-two, and although there were several applicants for graduation, but a single degree was conferred. The first graduate of the institution, being William Butterfield, son of the late Hon Justin Butterfield, of this city.

I have said that the undertaking was regarded by many at this time as premature, and it may be added that the preparations for this first course of lectures were made, in haste, and very imperfectly; and that the lectures of the institution were commenced one year sooner than had been intended in consequence of a prospectus for a course of lectures at La Porte, Indiana, and another for a course at St. Charles, in this State, having been issued; it being deemed not advisable to allow the schools organized at those points, to possess the advantage of priority of organization.

During the summer of 1844, the building which we used from that time to the close of the last course of lectures, was erected, the site being the same which we now occupy. The cost of this

building which was about thirty-five hundred dollars, was defrayed partly by loans and part by subscriptions, and the remainder was made up by the faculty themselves. The lot on which the building was situated was a donation from several owners of property on the North side of the river.

The second annual course of lectures commenced under circumstances far more auspicious than the first. The building which had been erected was found convenient and suitable to the wants of the class. The course on the Institutes and Practice of Medicine was given by Dr. Austin Flint, of Buffalo, that on Obstetrics and the Disease of Women and Children, by Dr. Graham M. Fitch, of Logansport, Ind., Dr. Blaney gave the course on Chemistry and Pharmacy, Dr. McLean, having been transferred to the Chair of Materia Medica and Therapeutics, Dr. Herrick gave the lectures on Anatomy, although not formally elected to that chair until the following year. The course on Surgery was given as at the present time. The number of students in attendance was forty-six, upon eleven of whom, the degree of Doctor of Medicine was conferred, at the close of the term.

It is but justice to say in regard to this, which may truly be considered as the first full course of lectures in the Institution, that the character of the teachers, and the thoroughness of their instruction, were such as to command for the Institution, the respect of the public and the profession.

It is probable that no course given in the college, since its establishment, has given more entire satisfaction, or been really more advantageous to the students. It was during this course that the college clinique was first put in successful operation.

In the summer of 1845, Dr. Fitch was transferred to the chair of Institutes and Practice of Medicine,—rendered vacant by the retirement of Dr. Flint—and Dr. John Evans, elected to the chair of Obstetrics, and Diseases of Women and Children, which he has occupied to the present time. Dr. Herrick was elected to the chair of Anatomy, the course on which had been given by him the preceding winter. In other respects the faculty remained unchanged. The number of students in attendance was fifty, and the number of graduates ten.

For the course of 1846-47, the faculty remained unchanged; the number of students in attendance was seventy—the number of graduates sixteen. During this course the students had, for the first time, the advantages of clinical instruction in a hospital, established by the public authorities.

For the session of 1847-48, there was no change in the faculty. The number of students in attendance was one hundred and forty—the number of graduates thirty-three.

During the session of 1848-49, the course on Principles and Practice of Medicine, was given by Thomas Spencer: Dr. Fitch, having resigned the chair. A new chair of Physiology and Pathology was erected, to which Dr. N. S. Davis was elected. The number of students in attendance was one hundred—the number of graduates nineteen.

For the course of 1849-50, no change took place in the faculty, except the transference of Dr. Davis to the chair of Institutes and Practice of Medicine; rendered vacant by the resignation of Dr. Spencer, and thus organized the faculty has continued its labors, until the commencement of the present year, when Dr. Herrick was, at his own request, transferred to the chair of Physiology and Pathology, Dr. J. W. Freer, elected to the chair of Anatomy, and Dr. H. A. Johnson, to that of Materia Medica and Therapeutics, rendered vacant by the resignation of Professor McLean.

The average number of students attending during the past five years, has been about one hundred and ten—of graduates about forty. The aggregate number of students who have attended since the organization of the college, one thousand, one hundred and eight, and the alumni of the Institution number three hundred and eighteen, exclusive of honorary and ad-cundum degrees. \*

\* NOTE.

1st Course,	1843-44,	Students	22,	Graduates	1.
2d do.	1844-45,	do.	46,	do.	11.
3d do.	1845-46,	do.	50,	do.	10.
4th do.	1846-47,	do.	70,	do.	16.
5th do.	1847-48,	do.	140.	do.	33.
6th do.	1848-49,	do.	100,	do.	19.
7th do.	1849-50,	do.	104,	do.	42.

I have already said, that the preparations for the course of lectures for 1843 were made in great haste, and that the course was commenced sooner than was intended, on account of efforts which were made to establish schools in several neighboring villages. The late lamented Dr. Drake, who visited this city in the summer of 1844, expressed the opinion in a published letter, that Medical Schools ought to be located in the cities of Cincinnati, Louisville, St. Louis, Chicago and Cleveland, in order to supply the wants of the West; and that the attempts to build up medical schools in small cities or in greater numbers than these, would be calculated to injure the profession. Coinciding fully in this view, it was thought advisable to organize the faculty of this Institution at the earliest practicable period.

Attempts were being made in the year 1843, to establish medical schools at St. Charles, and Jacksonville, in this State, and at La Porte, Indiana.

The effort at St. Charles entirely failed, and the students who had been assembled there, to the number of fifteen or twenty, dispersed; eight or ten of them came and attended the first course in this College. The school at Jacksonville was partially successful—several courses of lectures were given there, and in 1847 the class numbered nearly fifty students. The medical department was however closed soon after for want of sufficient encouragement.

The school at La Porte also attained a considerable degree of success. It was organized as early as 1842 or 1843, and on the failure of the effort to establish a school at St. Charles, the two Faculties were united at La Porte, and by the most untiring efforts, succeeded in drawing together a class of about a hundred

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8th Course,	1850-51,	Students 125,	Graduates 44.
9th do.	1851-52,	do. 105,	do. 30.
10th do.	1852-53,	do. 108,	do. 34.
11th do.	1853-54,	do. 122,	do. 37.
12th do.	1854-55,	do. 116,	do. 41.
		<hr/> 1148.	<hr/> 318.

students. This school, however, was also discontinued for want of support, in the year 1848.

Since then various efforts have been made to establish Medical Institutions at Indianapolis, Rock Island, Davenport, Keokuk and Evansville, which have either proved entire failures, or been, at best, but partially successful; so that the prospect at the present time seems to be, for several years at least, that the Medical Schools of the North West will be restricted very nearly to the number indicated by Dr. Drake.

There is a subject which must not be omitted in the history of the College—not that it is intrinsically important but because it has been the subject of unjust animadversion upon the one hand, and of undue laudation upon the other. I allude to the reduction of Fees. This step was taken in the summer of 1849, and without entering into the details of the circumstances which led to the adoption of the measure at that particular time, it is sufficient to state here, that the fees of this College, after the reduction, were still higher than those of the Institution with which we were directly in competition, and that they are so at the present time. The Faculty of this College, while it has been progressive in what relates to science and its advancement, has been conservative in what relates to the honor and interest of the profession; yet while deploring the latitude which certain schools have permitted to themselves in many respects, we have not thought it incumbent on us to adopt a system of rigor in regard to fees, which would necessarily drive young men away from this, the natural seat and center of Medical Instruction in the North West, and thus build up schools in various country villages.

There may have been those among us, who allowed themselves for a moment to hope that placing Medical Schools under the patronage of the State, and making the institution free, while the courses were made more thorough, and the requirements for graduation much greater, would be the means of effecting that improvement in the profession, admitted on all hands to be so desirable. I confess myself to have been of the number who favored this view, but I have not the pretension to have learned nothing by experience, and to have always retained the same opinion. On the



contrary the events of the last few years have been full of instruction for me, and the trial which has been made of this system in the state of Michigan, has convinced me that, however imperfect medical schools may be, as commonly organized, those supported by the State, and controlled by public officers will not be less so, and that no improvement is to be expected from the State governments who are themselves unenlightened on the subject of medical instruction.

The result of our course in regard to fees, has been thus far extremely satisfactory. If our labors as teachers have not been liberally paid, neither have those of others, with few exceptions, who have attempted to build up medical schools, and while in other cities not more favorably situated than this, we have seen medical schools multiplying and some even established under the auspices of charlatans: in this region, they have diminished in numbers, and medical teaching has been more and more concentrated in this city.

I wish here particularly to call attention to the fact that the reduction of fees has not as was predicted been followed by an increase in the number of students. The largest class which has ever attended the lectures in this Institution was in the session of 1847 and '48, when there was a large and flourishing school in the neighborhood, and when the fees for the course were seventy dollars. This change is due mainly to the fact that the practice of drumming up students and enticing young men into medical colleges from the plough and mechanical pursuits, has in this vicinity been discontinued.

The building in which we are at present assembled, has been erected by the Faculty without aid from any source, and will cost when completed with the necessary fixtures about ten thousand dollars. The Faculty have not been desirous, even if their means had permitted it, of expending a large sum of money in the erection of a more elegant and expensive building for mere show, but have contented themselves with one sufficient for the present size of our classes, in which every arrangement for the health and comfort of the student has been properly attended to.

It will not I trust be expected of me, that I should speak of the



comparative advantages which this college affords for attaining a good medical education—most of the professors are not unknown to you, and those who have recently been elected; although new to their present situations, are not by any means inexperienced as teachers, and I feel assured that I shall not be promising too much, when I say that we shall be able in all the several branches to afford you the means of sound and thorough instruction.

On the occasion of the dedication of our former building, I stated that it was the intention of those who had the direction of this Institution, to render it worthy of the city and the region of country in which it is placed. To do so, we are well aware that it must, in all essential particulars, be rendered fully equal to the best which exist in this country. From its first commencement until the present time, the faculty have never ceased to devote their best energies to raise it to a position of eminence, and to render it worthy of the respect and confidence of the profession, and of the community in which it is placed. We have not ceased to teach sound principles of Medical Science, whether or not they conflicted with the popular doctrines of the day, and I think it would not be claiming too much to assert that the public has been equally benefited, and the practice of the profession greatly improved by the dissemination of correct doctrines from that Institution.

The circumstances in which we have at times been placed, have been of a nature, well calculated to discourage and dishearten us. Medical schools are not in any part of the country in great favor with the multitude. No powerful societies with wealth and influence rally to their support. Governments, who acknowledged their obligation to establish schools and colleges for instruction in other branches, are seldom found to extend aid, to medical institutions. Too often the laws throw obstacles in their way, yet notwithstanding all the difficulties we have proceeded from the beginning with a steady purpose of endowing this city with an institution which should be as permanent as her growth, and in all respects worthy of her greatness, and we are proud to say that in this undertaking we have been aided and cheered by the smiles and encouragement of those whose sympathy and good opinion we most highly

value. Persons distinguished for their intelligence, their works of charity, their social virtues, and their wealth, have not ceased to give as the support of their good wishes, their advice, and in case of need of more substantial aid. But most of all have we been encouraged by this, that in spite of all the difficulties which surrounded us, numbers of young men about entering the profession have annually sought our halls for instruction. They have imbibed here a tone of science, an enthusiastic devotion to its pursuit, which in numerous instances have raised them to honorable positions and rendered them ornaments to their profession and to society.

I am well aware that it is unnecessary for me to say anything to excite your enthusiasm in the pursuit of the profession which you have chosen. You have no doubt entered upon it with a determination to pursue it seriously, ardently, and become thoroughly versed in its principles. Your presence here, and the manner in which many of you have already devoted yourselves to the preliminary course, are sufficient evidence of the zeal by which you are inspired. But lest some among you from a sense of imperfect instruction, insufficient means, or obscurity of position, might despair of attaining to a high degree of excellence, let me give you the assurance that no degree of eminence or success, is beyond the reach of him who shall perseveringly and ardently devote his energies to its attainment.

The experience of many years enables me to assure you that for all the time and attention which you may bestow upon your professional studies, you will be abundantly repaid, and that every excellence you may attain to, is certain of being fully appreciated, and acknowledged by the public, that the study of the profession if pursued in a right spirit is elevating in its tendency, its practice, exercises, and strengthens at once the faculties of the mind and the benevolent sentiments of the heart,—it is highly honorable and useful, many of you may have cause to regret your neglect of it, but not one will ever have reason to regret the hours which he has spent in acquiring a knowledge of it.

In conclusion Gentlemen, you will allow me to express the gratification which I feel in common with my colleagues and the

friends of the Institution, in being able to welcome you to these Halls. It is now fifteen years since I commenced Medical Instruction in the city of Chicago. The first course of private lectures which I gave upon Anatomy, was given to a class of six students in the back room of my office; the second course was attended by eleven students, and a second bench had to be added to the one used the previous winter to accommodate the class. That embryo amphitheatre has developed itself by successive steps, to the dimensions which you see before you. The Institution which was planted with so much care, and built up with so much labor, has now attained to the vigor of maturity, and sustains, and enlarges itself by its own inherent strength. In its success our best hopes have been realized, and our fears dispelled, and encouraged by the past we look forward to a career full of prosperity and usefulness. It may, indeed, meet with obstacles and varying degrees of fortune, for it has with truth been said that an Institution which has been planted, is like a ship entrusted to the sea, she may go forth under smiling skies, but in her course she must meet with storms, but although the waves may beat upon her, although the winds may rage around her, dark clouds gather above, or rocks obstruct her path, yet conducted by skilful pilots, she will pass unharmed through every danger, and arrive in safety at her destined port. The Medical College of Chicago, is chained to the destiny of a great and noble city, and so long as Chicago shall be the seat of commerce and intelligence, so long will our school be honored and sustained.

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ART. II.—*Aneurism of the Aorta.*

THE following letter was kindly furnished to us by Professor BRAINARD, and will be read with interest.—ED.

MT. CARROLL, Oct. 20th, 1855

DR. BRAINARD:

DEAR SIR,—The following case may not be uninteresting to you. On the 6th of August, the present year, I was called to see John Pyle, aged 73 years; attacked with bilious colic, which

yielded speedily under hydrarg. sub. murias and opiates, followed with purgatives. In a few days he was able to sit on the arm-chair for two and three hours at a time. My visits were continued, however at his request, and about the tenth day I discovered a tumor the size of a hen's egg on the left side of the umbilicus, a little below, having a strong pulsation. Suspecting an aneurism of the aorta, I had my friend and fellow practitioner of this town called in, (Dr. B. P. Miller), who agreed with me in the diagnosis. He recommended an abstemious diet; perfect rest, and ordered such indirect depletives, as would lessen the circulation, at the same time assuring our patient, that he could not hope for an ultimate recovery. About this time, there was an aching of the thigh and back; along the course of the sacrosciatic nerve, which could only be relieved by chloroform.

About the 13th September, he could only find relief by inhaling chloroform. The tumor had now enlarged to the size of a child's head; beating more furiously than ever. At this juncture some of the friends advised sending for a certain Dr. Reed, who pronounced it disease of the liver. He administered something which caused retching and frequent straining attempts at vomiting until September 30th, when I was again summoned in haste, to find my patient pulseless and worn out.

This morning, Sept. 30th, the sac of the aneurism had evidently burst, but by keeping the patient quiet the coagulated blood around the orifice of the rupture had arrested the hemorrhage.

The same evening the liver Dr. Reed made his *debut* again, and assured the patient and his friends again that he would "have him about in a few days."

On Tuesday morning he died, and according to his request I made a post mortem examination, in presence of my brother, Dr. A. Hostetter, and Dr. J. Pennybaker, and likewise the friends of the deceased. On laying open the parieties of the abdomen, a large tumor the size of a man's head presented itself with a rupture on the left side near superior part. It had displaced the intestines and occupied the greater portion of the left iliac, and umbilical region. The grumous blood emptied into the cavity of

the abdomen, having been removed the sac was opened, and about four or five pounds of coagulated blood taken out.

Within this sac numerous ossifications were discovered, two of which find enclosed. The tumor or sac embraced about two inches of the left primitive iliac, and about five inches of the aorta. The right iliac seemed sound with the exception of ossified portions distinctly perceptible.

About two months before the attack of bilious colic, before alluded to, the patient jumping over a fence, felt "something giving way" in his left side.

The liver, stomach, spleen, and intestines were normal, or in fact presented the very picture of a healthy state.

Very Respectfully,

JOHN L. HOSTETTER.

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ART. III.—*Clinical Lecture in the Medical Wards of the Mercy Hospital, Nov. 19th, 1855; being the 39th Clinique of the present Course.* By N. S. DAVIS, M. D., and Prof. of Practical and Clinical Medicine in Rush Medical College, Chicago, Ill.

GENTLEMEN :—I shall this morning again occupy your time on the common, but all important subject of Fevers, and their local complications. But before entering the wards to take our places by the bed-side of the sick, I wish to call your attention to a portion of the small intestine and mesentary which was taken from the dead body only two or three days since. You will remember that I showed you not long since, a portion of the rectum which illustrated the extreme changes produced in the mucous membrane of that part during protracted and severe dysentery.

During the same interview I called your attention to the mucous membrane of a portion of the ilium or small intestine, in which you saw several of the elliptical plates or patches of Payer's glands, thickened and elevated above the surface of the surrounding membrane, and presenting numerous small points or indentations, giving to the surface what has been called the *shaven beard* appearance. In the same thickened and elevated patches you saw many points looking like a deposit of gray or yellowish gray

tubercular matter beneath the epithelial covering of the mucous membrane.

The only appearance of actual ulceration which you saw in that pathological specimen, consisted of one solitary ulcer, situated in a plica or fold of the mucous membrane, and was about half the size of an ordinary pea. I explained to you, that the appearances then observed were those frequently seen in the mucous membrane of the small intestines after death, from what the books technically call typhus fever. The pathological specimen which I now hold in my hands, is a section of the ilium and mesentery, from a subject dead from protracted typhoid fever with severe intestinal symptoms. The subject had also been previously afflicted with scrofulous disease of the lymphatic glands in the neck. The intestine, as you see, has been laid open to expose more fully its interior or mucous surface; and if you observe closely you will easily distinguish here a portion of the membrane, deeper color, and more elevated than the surrounding surface. Its margin is well defined; and it constitutes one of those "elliptical plates," so minutely described by M. Louis, in a state of simple thickening and increased vascularity. It differs from the *plates* or patches of glands in the specimen I showed you a few days since, in presenting no *shaven beard* appearance or indications of a deposit under the epithelium. There are several other spots of precisely the same character in this intestine, but here is one in which the mucous membrane has been entirely destroyed leaving, as you see, a superficial ulcer as large as a half dime, with irregular and slightly elevated edges. Here is another still larger, but presenting the same characteristics; and here is a place where it is evident that two of the patches of glands have been destroyed by ulceration together with the intervening mucous surface, so that we have a continuous ulcerated surface almost equal in extent to a silver half-dollar. The edges are seen to be very irregular and in laying the intestine open the incision was carried through a part of the ulcer, separating it upon the other margin which you see here. These different portions of the interior surface of the intestine, present only different degrees of advancement of the same morbid process. The first characterized by increased



vascularity, thickening, and softening of texture, is only an earlier stage of the same process which, at other points, has resulted in ulceration and complete destruction of the membrane. If you turn your attention to this adjoining portion of the mesentery, you see the glands much enlarged. Here is one which has attained the size of a hickory nut, and others present all sizes down to that of a small pea. The only outward mark of disease besides the swelling consists of this small patch of inflammatory redness over one side of the largest gland. The structure of all these glands is changed, however, being softened and in some of them entirely disorganized. This one which has been laid open, presents an interior consisting of a whitish, pultaceous, almost semi-fluid mass of matter. These morbid appearances which you have now carefully examined, are just such as usually take place, to a greater or less extent, in all protracted cases of typhoid fever, accompanied by a tympanitic abdomen and thin or liquid intestinal discharges. It is these lesions, both in the intestine and mesentery, which have been regarded by M. Louis and others of the same pathological school both in Europe and America, as the essential pathological feature of this variety of continued fever. Indeed, it has been claimed that these intestinal ulcerations, bear the same relation to the typhoid fever, that the eruptions on the skin do to the fever of variola or scarlatina. Hence it has been styled *dothienteritis* by some European Continental writers, follicular-enteritis, and entero-mesenteric Fever, by others; and simply *Enteric Fever* by Dr. Wood. Gentlemen, I cannot coincide with these exclusive views in regard to the pathology of typhoid fever.

On the contrary, I am constrained, both by observations at the bed-side and by post mortem dissections, to regard these intestinal and mesenteric lesions, in precisely the same light as the alterations in the texture of the spleen, the liver, the lower lobes of the lungs, the heart, and the brain, which are often seen accompanying fatal cases of this variety of fever.

All these changes are doubtless *consequences*, developed during the progress of the general fever, but constituting no part of its constant and necessary pathology. It is true that some are de-



veloped more frequently than others, and exert a greater influence on the ultimate result. If you now accompany me to the upper ward, I will direct your attention to two cases of well marked typhoid fever, in the advanced stage of their progress, both of which present local complications of importance but differing much from each other. Here you see a young man, native of Ireland, aged about twenty-two years, who was admitted into the hospital about ten days since, having been previously confined to his bed four or five days. I called your attention to the case and pointed out all its characteristic features soon after its admission here. You will remember that, at that time his face was suffused with redness; his expression of countenance dull; his eyes sunken; his lips dry, the upper one a little retracted and it together with the ends of the upper teeth covered with brown sordes; the mouth dry; the tongue red at the tip and edges, but its upper surface covered with a dry, brown, coat; his intellect and special senses dull; the skin generally dry, rough, and moderately hot; the pulse one hundred per minute, small and soft; the abdomen moderately full, tympanitic, and slightly tender on pressure; the discharges from the bowels were frequent, amounting to six or eight times in twenty-four hours, and accompanied by some pain in the abdomen; the matter discharged being thin and of a brown or reddish brown color, and sometimes intermixed with a little mucus. The urine was scanty and the respiration feeble. I then explained to you that the symptoms presented were plainly indicative of a severe typhoid fever with special lesions in the mucous membrane of the alimentary canal.

The latter were particularly indicated by the intestinal discharges, the tympanitic and gurgling abdomen, and the dry tongue with red edges; while the general type of fever was determined by the soft, compressible pulse; the moderately hot but very dry skin; the diffused redness of the face; the dulness of intellect and special senses; and the absence of well marked periodicity. In reference to the prognosis, I pointed out two leading sources of danger. The one consisted in the direct failure of the organic actions, dependent on that diminution of elementary *susceptibility* or irritability of all the tissues, which constitutes an essential element in

the true typhoid condition. The evidence of this failure of organic action and diminished susceptibility throughout all the tissues, is found in the torpor of intellect, the dulness of special senses, including the nervous sensibility generally, the slow and hesitating muscular movements, the feeble capillary circulation, the general diminution of the secretions, and in the darker color and slower coagulability of the blood when drawn from the veins and allowed to stand in an open vessel. These phenomena are all independent of any mere local lesion, and arise directly from an altered condition of the properties of both solids and fluids throughout the system. This altered condition is sometimes of itself sufficient to destroy the life of the patient. This is indeed frequently the case in the lower grades of typhoid disease, such as occurs in camps, jails, crowded emigrant ships, etc. In the ordinary typhoid fever of the country, however, these changes are generally more moderate, and seldom constitute the immediate cause of death; and still they are constant elements in this variety of fever, giving to it that tendency to *debility* or *typhoid prostration*, against which the books so uniformly caution us. It is of much practical moment to appreciate clearly these general alterations in each individual case, as on them should be founded one of the leading indications for treatment.

The other source of danger in the case before you, was attributed to the changes which were taking place in the mucous membrane of the intestines. The precise nature and tendency of these abdominal lesions, as demonstrated by the researches of Louis, Chomel, Gherard, Jackson, and others, were fully pointed out to you at the previous examination, and need not be repeated at this time. You will remember that the opinion was then expressed, that the same morbid change had commenced in the aggregated glands or elliptical plates of the mucous membrane of the ilium, and the glands in the corresponding portions of the mesentery, as you have just now examined in the pathological specimen exhibited in the room below.

The vascularity of these parts was already increased, marking the commencement of that change which results in softening and ulceration. The case then presented two clear and well defined

indications for treatment. The first was to arrest the further impairment of the properties of the blood and tissues, and thereby prevent an undue or dangerous degree of general depression or prostration. The second, was to counteract the morbid change going on in the glandular structures of the mucous membrane of the intestines and mesentery.

Having pointed out as clearly as possible the indications for treatment, the next inquiry was in reference to the best means for fulfilling them. To meet the first, you will recollect, the patient was directed a regular supply of nourishment, consisting of animal broth well seasoned with salt, or sweet milk boiled with a little flour. Those articles were chosen, as you are aware, chiefly because they contain a sufficient proportion of nutritive matter in a state easily absorbed from the stomach and first part of the intestines, and leaving but little fecal residue to pass over the morbidly sensitive and diseased surface of the ilium and colon; qualities of much importance in the intestinal variety of typhoid fever. The nourishment should be given in moderate quantities and at regular intervals, without much reference to the appetite of the patient. To still further maintain the tonicity of the tissues, and arrest the tendency to impairment of the quality of the blood, I directed for the patient, a solution of chloride of sodium, sulph. quinine, and sulph. morph., in water, in such proportion that the patient would get in each dose 15 grs. of the first, 2 grs. of the second, and  $\frac{1}{4}$  of a grain of the third, every four hours. When I prescribed this at our former interview with this patient, some of you who are conversant with the prevailing doctrines concerning the treatment of typhoid fever, may have regarded it as inefficient for sustaining the forces of the system, and may have been ready to ask why the more diffusable stimulants, such as brandy or wine, or bark, were not resorted to as recommended by Dr. Stokes of Dublin, and most other modern teachers. To answer this question fully would require more time than is now at my command. If you remember what I have already stated in the lecture room concerning the condition of the blood in the fully formed typhoid disease, you will have reason to suppose that in the patient before us, that fluid is of a darker hue and its fibrine less coagulable than

in health; and consequently it is less capable of producing its normal impression on the elementary properties of the tissues, by which all the functions of the system are maintained. If this is true, we should certainly select as far as possible such remedies as will arrest this change in the blood and restore its healthy qualities; for in so doing we shall most efficiently sustain all the organic processes and function.

But if there is any reliance to be placed on the experiments of Prout, Bouchardet, Sir Astley Cooper, Bernard, or myself, it is certain that alcohol when introduced into the system directly lessens both the exhalation of carbonic acid and the absorption of oxygen from the lungs, renders the blood darker color, lessens the coagulability of the fibrine, and diminishes all the organic actions. Hence unless we actually prescribe on the fictitious principle of *similia similibus curantur*, we shall be forced to declare the whole class of alcoholic beverages contra-indicated in the class of patients before us. You may be disposed, however, to claim that *experience* has proved their efficacy and clearly demonstrated a less ratio of mortality under their use than under other modes of treatment. Let me caution you here against one source of fallacy in reference to this matter. You must keep in mind the fact that before the researches of Louis, Chomel, Gherard, Jackson, and others in relation to the intestinal lesions so common in typhoid fever, had become generally known to the profession, it was the general custom in the treatment of all continued fevers to resort to emetics, cathartics, and sometimes blood-letting.

In other words it was customary to employ an evacuant and strongly purturbing treatment, with a low diet. Of course many patients sunk early from exhaustion, and many more from protracted and extensive ulceration of the mucous membrane of the intestines. It is doubtless true that the comparisons instituted between the results of this practice and that from a moderate use of alcoholic stimulants coupled with sufficient nourishment, show a balance in favor of the latter. This, however, only proves that the stimulants were *less injurious* than the evacuant and purturbing methods of treatment, but leaves the question in regard to their positive value entirely unsettled. There are agents within our

reach, which, when introduced into the blood, directly increased its arterial hue, add to its capacity for absorbing oxygen, lessen the tendency to alteration or degeneration of its corpuscles, and thereby render it more capable of supporting all the properties and functions of the system. These are the agents clearly indicated in the case before us; and among them I am satisfied from much and careful observation at the bed side, that there is not one among them more efficient and valuable than the chloride of sodium or common salt. Hence it was that we selected it with small doses of quinine to counteract those changes in the blood and tissues which were going on in the patient now lying before you. To fulfill the second indication, namely, the removal of the local intestinal lesion, I directed a fluid drachm of the following emulsion to be given between each of the doses of the salt and quinine solution, viz. :

R	Ol. Terebinth,	3ji.	
	Tinct. Opii.,	3ji.	
	Pulv. G. Arabac,	} aa. 3jii.	
	White Sugar,		
Rub together thoroughly and add			
	Mint Water,	3ji.	mix.

The patient continued these remedies, with very little variation for five or six days, during which time all symptoms improved to such an extent that he was deemed convalescent.

The general fever entirely subsided, the intestinal discharges become more natural both in consistence and frequency, and his appetite returned. In this state the emulsion was discontinued, and the solution of salt and quinine continued only three times a day. For two or three days the patient appeared to be doing well, but indulging too freely in the use of food, the intestinal discharges of a thin brown, character were renewed, and you now find him again, with a tympanitic abdomen, a red tongue, a pulse one hundred per minute and small, but no febrile heat or thirst. You examine the patient carefully and you will find, all the evidences of a return of that peculiar irritation in the mucous membranes, which existed on his first admission into the Hospital, but without general febrile action. This is not an uncommon occurrence during convalescence from this variety of fever, and should impress upon your minds strongly the necessity of watching closely the diet

and whole management of patients convalescent from the intestinal typhoid fever until the health is fully restored. Without this you will have frequent occurrences like this, and sometimes a rapid developement of ulceration, with an ultimately fatal result. To again allay the intestinal irritation in this patient we will restrict his diet according to the rules before mentioned and give him one of the following pills every two hours, viz. :

R Nitras Argenti, 8 grs.  
Pulv. Opii., 20 grs. Mix and divide into twenty pills. There is another patient with typhoid fever complicated with disease within the chest, to which I intended to direct your attention, but as the clinique hour has already expired, we must defer it until to-morrow morning.

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*Vesico-Vaginal Fistula, with Laceration of the Anterior Lip of the Cervix Uteri, of nearly six years standing, cured in two weeks.* By N. BOSEMAN, M. D. (Report read before the Sydenham Medical Society, of Montgomery, Ala.

The subject of this case was very kindly sent to my infirmary for treatment, by Dr. W. J. Mitchell, of Tuskegee.

Delphia, (colored woman,) belonging to Dr. Robert Howard, of Macon county, was admitted on the 4th of April, aged 25; stout, well formed, and has the appearance of one enjoying good health; always menstruated regularly, etc. In August, 1850, she gave birth to her second and last child; has had no control over her urine ever since; was in labor nearly four days; delivery natural; child of medium size, strong and vigorous; did well, and is at present a large and healthy boy. Presentation was vertex, so far as can be ascertained. First labor, about a year before, lasted four days—the child was still-born, and of large size; delivery natural, recovery speedy, etc. In neither confinement was the patient attended by a physician.

Upon examination, I found the vagina to be very capacious—a circumstance of no little importance, as regards success, in any case, but especially is it so when the fistulous opening is found in close proximity to the cervix uteri. The injury sustained by the parts seemed, at first view, to be very extensive; but upon further inspection, they presented a more favorable appearance. In the anterior lip of the cervix was to be seen a deep cleft, present-



ing on either side, a considerable prominence ; at its anterior extremity was situated the fistula, oval in shape, and large enough to admit the index finger into the bladder. No effort seemed to have been made by nature to repair the cervical injury. In a case,\* almost identical, which came under my observation last year a spontaneous cure was found to be perfect—union seeming to have taken place by the first intention—only the line of cicatrization remained, showing very plainly the extent of the injury, and its relation to the fistulous opening.

This difference in the results of nature to repair its injuries, presenting the same characters, influenced by the same causes, is of no practical importance in the present instance, yet it is a fact none the less interesting.

As to the operation, two modes of procedure very naturally suggested themselves: one was to close the fistula and afterward the cleft; the other was to complete the whole under one operation. The latter, though more difficult of execution, was the one I adopted, for the reason that the patient would not require to be confined so long.

A reparation of the cervix I did not consider essential to the success of curing the fistula; still I determined to effect it, if possible, in view of the probable results of parturition, should it occur again. With such a deep fissure existing in the anterior lip of the cervix, it can very readily be perceived how much more liable this point would be to give way under powerful uterine contractions, attended by a reproduction of the fistula, and perhaps laceration of the uterus itself, with all their dreadful consequences, as dribbling of the urine, metritis, peritonitis, etc.

On the eighth day after admission, assisted by Dr. Clanton and Mr. Duncan, a medical student, I proceeded to operate. The method employed was that of Dr. J. Marion Sims, (who, be it to the honor of America, yea, of the world, has accomplished more in this hitherto difficult branch of the practice than any surgeon living.)

A detailed account of the different steps of the operation I shall purposely omit, as it would be tedious and perhaps uninteresting; therefore, only a single feature of it will be presented—the application of the suture apparatus. From my description of the injury, it will now be seen that the clamps had to be applied with all the accuracy observed under ordinary circumstances to parts totally different in structure and function, with a view of obtaining, by a natural and common process, a natural and common result—union by the first intention.

\* New Orleans Medical and Surgical Journal. May No., 1854.



The dense, strong and unyielding tissue of the cervix had to be made to harmonize with the erectile, spongy and elastic tissue of the vagina. In lodging the wire sutures in their respective places, great care had to be taken that the needle was entered and brought out at a distance from the fistula and cleft, corresponding to the extent of elasticity or adaptation of the parts. If too far removed, there was danger of the edges becoming everted, and *vice versa*. In neither instance could coaptation be effected—a desideratum indispensable to success. The difficulties and perplexities of such a task, simple as its execution may appear, can scarcely be realized by one who has never attempted it. Having, then, thoroughly freshened and shaped the edges of the injured parts, the first suture was carried through the cervix in its lower third; the second was entered on a line a little exterior to the first—carried across the upper extremity of the fistula, and out at a corresponding point at the opposite side; the other two were entered in a similar manner at equal distances below. To the ends of the sutures, on the right side, a clamp was fixed and made to take its proper place, the upper end resting against the side of the cervix. The one on the opposite side was arranged in a similar manner, with the proximal ends of the sutures passing through it. Traction being now made upon these ends, the edges of both fistula and cleft were brought in direct opposition. In this relation they were maintained by compressing a small shot on each suture close to the clamp; after which the sutures were cut off close to the shot, and the patient put to bed. The self-retaining catheter was next introduced into the bladder, and the operation then completed.

On the day following menstruation came on, and soon afterward I noticed a bloody state of the urine, and slight leakage of the bladder. This condition of things continued four or five days, or till the catamenia ceased when all unfavorable indications disappeared, and the patient seemed to do well. That a small opening in the bladder existed during this period, to allow of leakage and commingling of the two fluids, there can be no doubt. The most remarkable thing about it is, that it should have closed after so long a time.

The explanation of the result, I think, is this: A small groove remained at the bottom of the cervical cleft, after the application of the clamps, thus admitting a portion of the catamenia to pass along to the upper extremity of the fistula when it entered the bladder. Owing to the peculiar situation of the opening, and its valve-like form, only a very slight leakage could take place, and this, I imagine, as a result of some effort or change of position on the part of the patient. The urine, then, having little or no tendency to escape here, and the edges of the opening being still in

a freshened state, union of the parts followed immediately upon the cessation of the catamenial flow.

On the fifteenth day of the operation I removed the clamps, when union at all points seemed to be perfect. A small notch at the extremity of the anterior lip of the cervix was the only evidence of the deep cleft which had existed there. The patient was now allowed to get up. At first she could not retain her urine longer than two or three hours without some pain in the region of the bladder. This difficulty, however, gradually diminished as the organ regained its natural tone, which it did in a few days.

—*Southern Med. Jour.*

MONTGOMERY, May 10, 1855.

### *Belladonna in Hooping Cough.*

Dr. Turnbull makes the following remarks on the use of belladonna in hooping cough, in the *Medical Examiner* for August, which will be read with interest at a time when this refractory affection is prevailing as an epidemic:

The following was the method followed: The system being prepared by reducing the inflammation by the means before spoken of, obtain if possible, English extract of belladonna, fresh and good; let the extract be triturated with water or simple syrup; if it is to be kept for some time, add a small quantity of alcohol. The dose for a child three months old is the sixteenth of a grain every three hours, to a child one year one eighth of a grain, and so to other ages in proportion.

Inform the parent or nurse of the change it will produce upon the eyes, also that it may redden the skin. When full dilatation of the pupil is brought about, the medicine is to be intermitted till it has gone off again; the belladonna is to be administered in slightly increasing doses, so as to keep the child under its influence for several days or till the paroxysms are checked, which will usually occur toward the sixth or eighth day of the second stage.

In the twenty cases cured by the use of the belladonna the cough and hoop returned in a few cases on exposure to cold or in disagreeable, windy weather; but by combining the extract with syrup of ipecacuanha a few doses soon checked the cough and hoop; in only one case out of this number was it complicated with inflammation of the lungs, and this case recovered.

The average duration of my twenty cases was ten days, after the hoop had commenced when the case was free from complications, which shows the great advantage of this treatment. The

ordinary duration of the disease, when treated in the usual manner, is from  $1\frac{1}{2}$  to  $8\frac{1}{2}$  months; even by prussic acid, or the application of nitrate of silver, the average given is from two to three weeks. It is stated by Gibb that with the use of nitric acid, the average duration was only six or seven days. Several physicians who have used this remedy, however, do not find such favorable results from its use.

I have added to my communication some extracts from the experience of a few distinguished medical men on the use of this important agent, belladonna.

This remedy was used in whooping cough about the year 1783 by Dr. Buckhaave, of Copenhagen, who gave the powdered root in doses of two grains, morning and evening, to a child of five or six years of age. The cure, it is stated, was generally accomplished in from seven to fourteen days.\*

Dr. Miquel, of Neuerhaus, says the belladonna is a remedy upon which he can always depend in this disease. In the course of many epidemics which he has observed during fifteen years, he has constantly cured the cough in eight days.†

Dr. Samuel Jackson, of this city, late of Northumberland, who, although he was not the first to employ the belladonna, yet by his valuable publication in 1834 brought its virtues prominently before the medical public, has continued its use for twenty years, and his confidence in its powers to arrest the paroxysm and cure the second stage of whooping cough in the great majority of cases is undiminished.

Dr. Hiram Corson, formerly President of the Medical Society of the State of Pennsylvania, a distinguished practitioner of Montgomery county, Pa., in a paper on the efficacy of belladonna as a remedy in Pertussis, published in the American Journal of Medical Science, for October 1852, makes the following observations: "My experience in pertussis had satisfied me that of all the remedies in common use, those recommended by writers upon diseases of children are almost useless. Children affected in the winter continued to cough and strangle and suffer for many weeks with scarcely a perceptible amendment. It was painful to visit and mortifying to prescribe for those afflicted with this malady."

He commenced the use of belladonna in four cases, and in one week they were all well. His method of using it was to begin with the sixteenth of a grain to children under one year every two hours, and increasing a little every day till full dilatation of the pupil occurred, the skin become flushed and vision confused; this

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\* Duncan's Commentaries for 1793, and Dr. Gibb on Pertussis, p. 282. 1854.

† Vol. vii. American Journal of Medical Sciences, p. 524, from Archives Generales, August, 1830.

he accomplished by dissolving eight grains of the extract in an ounce of water, nine drops of which contained the eighth of a grain.

In an epidemic in 1840 he used the belladonna in hundreds of cases with great relief in nearly all. By giving it in small doses at first, the fears of the patients were allayed. In 1847-8 he also prescribed it in numerous cases with much success. He concludes his paper in these words: "During the last seventeen years I have given the extract of belladonna to hundreds of patients from two months to fifteen years of age, and am firmly convinced that it has a greater control over hooping than any other remedy in common use. That while, in a few cases, the system did not seem susceptible to its action in the doses I have prescribed, yet in nearly all the disease yielded quickly. It is a safe and efficient remedy for pertussis in children of any age."

Dr. Eberle, in his Treatise on the Diseases of Children, second edition, remarks "that the belladonna has been highly celebrated, and is without doubt, by far, the best article of the kind we possess. My own experience leads me to testify confidently on this point. I have prescribed it within the last six years, (1834), in perhaps twenty cases, and in the majority of them with evident advantage." Prof. Borda, he remarks, was the first, he believed, who used it as a remedy, and his belief in its efficacy is almost unlimited.

Hufeland and Albert are almost equally decided in their praise of the virtues of this article.

The mortality from this disease in our city in 1850 was 114, 1852 168; and for 1853, was 64. In 1853 in the district of Richmond it occurred as an epidemic. In severe cases Dr. Janvier used the belladonna with the best results. "It mitigates the paroxysms better than any other sedative."\*

Dr. Condie remarks in his work on diseases of children, that the narcotic from which the greatest amount of benefit is to be anticipated by this disease, is unquestionably the belladonna; it has been very extensively employed, and the evidence in its favor is strong and conclusive, (by Kahliss, Janin, Hufeland, Widemann, Raisin, Guibert, Albert, Shafer, Laennec, Muller, Blache, Maunsell, and Lombard)

He further remarks that he had given the belladonna a very fair trial, and has, in many cases, been pleased with the prompt and decided relief produced by it, while in other instances it appeared to exert no influence whatever.

I think that this last remark may be often accounted for by the

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\* Report Phila. County Med. Society for 1853.

bad character of the belladonna, which is even found in some of the drug stores of this city, for it is an uncertain preparation unless when procured by evaporation in vacuo, for some samples from some of the Parisian shops were found by Orfila to be quite inert.

Dr. Williams, of London, has used belladonna with great advantage in his practice. He gives it in a quarter grain doses to a child of two years, increasing the doses to double that quantity or more where it fails to relieve. He remarks that these doses, in general, cause some dilatation of the pupil, and conceives that the radical agency of the drug depends on the same power to diminish irritability of the bronchial and laryngeal muscles which is here evinced with regard to the iris.†

Dr. G. A. Rees has found belladonna one of the most efficacious remedies in pertussis.‡

Dr. Waller cured two cases with the twelfth of a grain of extract three times a day; prussic acid and conium had failed in affording any permanent relief.§

Aberle assigns the highest place among narcotics to be belladonna in whooping cough.

Dr. Churchill says that this is perhaps the most influential narcotic and sedative we possess (in pertussis); it has been very extensively employed and the evidence in its favor is very strong.||

Belladonna has been eminently useful in the epidemics of whooping cough which M. Debreyne has observed, but recourse should not be had to it till the inflammatory element has been overcome by leeches, emetics, etc.

Dr. A. T. Thompson says: "I have ordered the extract of belladonna in doses of one-eighth of a grain to a child of eight years, and gradually increased the dose to a quarter of a grain. Its power over the cough is extraordinary."¶

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*"Natural Relation of the Disease.*—In the preliminary considerations of the nature of erysipelas I have already intimated my opinion, that its phenomena have marked analogy with those of the febrile exanthemata, and indicate a relation to gouty, rheumatic, and scorbutic inflammations in all of which the coetaneous inflammatory action of the internal mucous surface is a well-marked characteristic. All of them show an unmistakable ten-

† Gibb on whooping cough, p. 284, from Medical Gazette, Feb. 1838.

‡ Diseases of Children, second edition, 1844.

§ Lancet, Vol. i. 1842, p. 137.

|| Elements of Materia Medica.

¶ London Journal of Medicine, April, 1850.

dency to a complication with gastric and biliary disorders, and are generally results of the same cold atmospheric humidity, from which an epidemic prevalence of all of them may proceed, as has been well marked during the present season. This relation of rheumatism and erysipelas will be yet more evident from the following comparison of the morbid state of the urine in both diseases, in which there is a very evident increase in the quantities of uric acid and extractive beyond a state of health. The results are indicated in the following tables, compiled from Simon's Chemistry:—

## RHEUMATISM.

A man aged thirty, whose urine threw down a copious red sediment on standing for two hours, and was 1017.2 of specific gravity.

	Analysis 1.	Analysis 2.	Analysis 3.
Water, - - - - -	971.80	970.20	981.10
Solid constituents, - - - -	28.20	29.8	18.90
Urea, - - - - -	12.20	6.00	8.00
Uric acid, - - - - -	1.70	1.04	0.56
Mixed salts, - - - - -	—	5.59	2.34
Extractive matter, - - - -	—	14.70	8.00

## ERYSIPELAS.

In the febrile stage of this disease the urine has all the characters of inflammatory febrile urine. Becquerel made two qualitative analyses of the urine of a man, aged thirty-nine, who had erysipelas. Specific gravity, 1021 to 1023.1. The quantity passed during the twenty-four hours being, in the first and second analysis, 27.0 and 30.8 ounces respectively.

	Analysis 1.	Analysis 2.	Analysis 3 of healthy urine.
Water, - - - - -	965.5	961.9	981.0
Solid constituents, - - - -	34.5	28.1	28.
Urea, - - - - -	12.5	12.7	12.1
Uric acid, - - - - -	1.2	1.3	0.4
Fixed salts, - - - - -	—	8.2	6.9
Extractive matter, - - - -	—	15.9	8.6

Other chemical pathologists have ascertained that, during the acute stage of erysipelas, while the urine presents all the characters of febrile urine, it is at the same time albuminous, and occasionally mixed with blood. These facts have been well established by the examinations of the urine, in erysipelatos cases, made by Becquerel and by Dr. Beguin, of Edinburgh. The presence also of albumen in the urine during the desquamative stage of erysipelas is noticed by Lehmann; and others have found that at this period of the disease, the urine is coagulable and charged with epithelium, as in scarlatina. The temporary albuminuria and the desquamation from the renal tubes, which have been thus



found associated with erysipelas, and more particularly when the inflammation of the skin has been of great extent and idiopathic in its origin, are points of great practical importance in regard to this disease. They serve to show that this cutaneous affection, like other exanthematous diseases is associated with derangement of the renal functions, and that both are coetaneously connected with the same blood lesion the removal of which is an essential element of successful treatment. The efficacy of the tincture of sesquichloride of iron, which sensibly affects the secretion of the urine, while it restores the healthy nutritive powers of the red blood globules, probably depends on its power of producing these effects. The subject is one well worthy of further observation and experiment."—*London Lancet*.

### BOOK NOTICES.

A Practical Treatise on Diseases of the Eye. By WILLIAM MACKENZIE, M. D., &c., &c., to which is prefixed an Anatomical Introduction Explanatory of a Horizontal section of the human Eyeball. By THOS. WHARTON JONES, F. R. S., &c., with one hundred and seventy-five Illustrations from the fourth and enlarged London edition, with notes and additions. By ADINELL HEWSON, A. M., M. D., &c. Philadelphia, Blanchard & Lea, 1855.

THE demand for a new edition of Dr. Mackenzie's very able work is a sufficient evidence that it is appreciated by the profession. In Europe it has been rendered into three of the continental languages, the French, German, and Italian. There are few professional authors whose works have met with such general favor.

For sale by Keen & Lea, Chicago, Ill.

J.

Yellow Fever considered in its Historical, Pathological, Etiological and Therapeutical relations, including a sketch of the disease as it has occurred in Philadelphia from 1699 to 1854, with an examination of the connections between it and the Fevers known under the same name in other parts of the temperate as well as in tropical regions. By R. LA ROCHE, M. D., &c., &c., in two volumes. Philadelphia: Blanchard & Lea, 1855.

DR. LA ROCHE has added another to the list of medical works that shall do honor to the literature of the profession in America.

Yellow Fever is attracting every year more and more the attention of Northern Physicians. In the Eastern Continent this



scourge has been mostly confined to the intra tropical regions. On this side of the Atlantic it has not only crept along the shores of the Mexican Gulf, but has invaded several of the more Northern cities. In the Southern portions of the United States it is endemic and we know no reason why Chicago and the other cities of the Lakes may not be subject to it as an epidemic, as well as New York and Philadelphia.

We know of no man in America better qualified to do justice to the subject than Dr. La Roche.

A Review of the work is impossible, but we advise all interested in the study of the Fevers of the South and West especially to purchase and peruse it.

For sale by Keen & Lea.

J.

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The Cause and Prevention of Yellow Fever contained in the report of the Sanitary Commission of New Orleans. By E. H. BARTON, A.M., M. D., &c., &c. Philadelphia: Lindsay & Blakiston, 1855.

We have already given our readers the conclusions to which Dr. Barton arrived in reference to the cause and prevention of Yellow Fever, when noticing the report of the Sanitary Commission. In the republication of this portion of the report, Dr. B. has adduced additional facts and arguments to substantiate the positions previously put forth.

We are pleased to see that it is brought out in a more permanent form by the enterprising Philadelphia Publishers.

For sale by D. B. Cook & Co.

J.

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THE Profession will be gratified to know that Prof. Brainard of this city, contemplates publishing a volume which shall embody his own Surgical experience and improvements, together with reports of numerous illustrative cases. It is not designed to be a text book on surgery, but one which will meet the wants of the profession by supplying what in most of our systematic works is entirely wanting or but partially developed.

The microscopic elements of the blood and tissues in certain diseased conditions will occupy a portion of its contents and the whole will be illustrated with drawings from nature.

It will be issued from the press during the coming year. J.

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Professor Andrews.

FROM an article in the *Peninsular Journal of Medicine* we extract the following just tribute to Prof. Andrews, now lecturer on Comparative and Demonstrator of Human Anatomy in Rush Medical College :

His successors to the editorial chair of the *Peninsular Journal* say :

"The vacation by Professor Andrews, of the chair of Comparative Anatomy, in the University of Michigan, and his subsequent removal from the State, devolve upon the undersigned the necessity of assuming the editorial charge of the *Peninsular Medical Journal*, which was called into existence by his enterprise, and sustained during the first year of its existence, solely by his energy and ability. Although the editorial force has been, since that time, numerically quadrupled, we do not expect to enter upon the management of it with a more exalted purpose in view, or to manifest a warmer zeal in the cause to which it is devoted, or to exhibit a higher order of talent than it was the good fortune of our worthy predecessor to possess, and employ in its service.

We reiterate Professor Palmer's expressions of good-will to his retiring colleague, because of the pleasure it affords us to do so; and take this occasion to say to his new associates, that few men possess a clearer intellect, and none a truer heart than they will find in the bosom of the alumnus they have snatched from the University of Michigan. The benediction of his alma mater follows him.

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History of Medicine from its origin to the nineteenth century, with an appendix containing a philosophical and historical review of medicine to the present time By P. V. RENOURD, M. D., translated from the French by CORNELIUS G. COMEGYS, M. D., professor of the Institutes of Medicine, Miami Medical College. Cincinnati: Moore, Wilstach, Keys & Co. New York: Miller, Orton, & Mulligan. Boston: Whittemore, Mills & Hall. Philadelphia: J. B. Lippincott & Co. 1856.

OUR thanks are due both to the publishers and translator for this beautiful edition of Renourds history of medicine. If we are not much mistaken it will be very generally sought after to beguile the intervals of severe study and severer labor of professional life.

The design of the work will be understood from the following extract :

"I divide into three Books, or three Ages, all past time. The First Age commences with the infancy of society, as far back as historic tradition carries us, and terminates toward the end of the second century of the Christian era, at the death of Galen, during the reign of Septimus Severus. This lapse of time constitutes, in Medicine, the Foundation age. The germ of the Healing Art, concealed, at first, in the instincts of men, is gradually developed the basis of the science is laid, and great principles are discussed. The human mind, always impatient, surpasses in its speculations, the limits of the known and possible. Many branches of the art, such as symptomatology and Prognosis, are carried to a remarkable degree of perfection.

The Second Age, which may be called the Age of Transition, offers very little material to the history of medicine. We see no longer the conflicts and discussions between partisans of different doctrines; the medical sects are confounded. The art remains stationary, or imperceptibly retrogrades. I can not better depict this epoch than by comparing it to the life of an insect in the nymph state; though no interior change appears, an admirable metamorphosis is going on, imperceptibly, within. The eye of man only perceives the wonder after it has been finished.

Thus, from the fifteenth century, which is the beginning of the third and last Age of Medicine, or the Age of Renovation, Europe offers us a spectacle of which the most glorious eras of the republics of Greece and Rome only gives us an idea. It would seem as if a new life was infused into the veins of the inhabitants of this part of the world; the sciences, fine arts, industry, religion, social institutions, all are changed. A multitude of schools are opened for teaching Medicine. Establishments which had no models among the ancients, are created for the purpose of extending to the poorer classes the benefits of the Healing Art. The ingenious activity of modern Christians explores and is sufficient for everything.

These three grand chronological divisions do not suffice to classify, in our minds, the principal phases of the history of Medicine; consequently, I have subdivided each age into a smaller number of sections, easy to be retained, and which I have named

Periods. The first Age embraces four periods, the second and third ages each, two.

I will now indicate succinctly, each of these secondary divisions, without attempting, at present, to justify them, for this will be done in its proper place in the course of the work.

The first period, which we name *Primitive Period*, or that of *Instinct*, ends with the ruin of Troy, about twelve centuries before the Christian era.

The second, called the *Mystic* or *Sacred Period*, extends from the dissolution of the "Pythagorean Society" to about the year 500, A. C.

The third period, which ends at the foundation of the Alexandria Library, A. C., 320, we name the *Philosophic Period*.

The Fourth, which we designate the *Anatomic*, extends to the end of the first age, i. e., to the year 200 of the Christian era.

The fifth is called the *Greek Period*; it ends at the destruction of the Alexandrian Library, A. D. 640

The sixth receives the surname of *Arabic*, and closes with the fourteenth century.

The seventh period, which begins the third age, comprises the fifteenth and sixteenth centuries: it is distinguished as the *Frudite*.

Finally, the eight, or last period, embraces the seventeenth and eighteenth centuries. I call it the *Reform Period*.

From the history of the past we are to learn wisdom for the present, and gain light for the future. Renour's work has therefore a higher and more permanent use than simply to amuse or relieve the tedium of a passing hour. We wish it could be read by every physician in the land. It would make him think better of his profession, both as an art and a science, and give him clearer and higher views of the duty which he owes it and to the community in which he lives.

The work is for sale by D. B. Cook & Co, Chicago, Ill.

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#### Books Received.

Dickson's Elements of Medicine, from Blanchard & Lea, Philadelphia.

Simpson's Obstetrical Papers and Memoirs. Philadelphia: J. B. Lippincott & Co.

**Jackson's Letters to a Young Physician.** Boston: Phillips, Sampson & Co. N. Y.: J. C. Derby, 1855.

**Carpenter's Human Physiology.** Blanchard & Lea: Phila.

**Stokes on the Heart and Aorta.** Lindsay & Blakiston: Phila.

**Lehman's Physiological Chemistry.** Blanchard & Lea: Phila.

**Johnson on Epidemic Cholera.** Sindsay & Blakiston: Phila.

**Transactions of the American Medical Association, Vol. VIII.: 1855.** From committee of publications.

The following is the table of Contents and Minutes of the eighth annual meeting of the Association.

Report of the Committee of Publications.

Report of Treasurer.

Address of Charles A. Pope, Professor of the Association.

Report on the Disease of Missouri and Iowa.

The report of the committee on the hygrometrical state of the atmosphere in various localities, and its influence on Health.  
By Prof. S. B. HUNT.

Deformities after Fractures. By Prof. Frank H. Hamilton.

Report on the Diet of the Sick. By Chas. Hooker.

The pathology, causes, symptoms and treatment of Scrofula. By W. H. Byford.

Report of Committee on the means of preserving milk, and on the influence of Pregnancy and menstruation on the composition and nutritive qualities of that fluid. By Prof. N. S. Davis.

Report of the Committee on Dysintery.

The Effects of Alcoholic Liquors in Health and disease. By Prof. R. D. Mussey.

Sketch of the Caustic Pulverizer. By R. H. Thomas.

Prize Essay—Statistics of Placenta Prævia. By J. D. Trask.

Plan of Organization of the American Medical Association.

Officers of the Association for 1855.

List of permanent members.

J.

## EDITORIAL.

*Card of the Committee on Prize Essays of the American Medical Association.*—At a meeting of the American Medical Association held in Philadelphia, May 1855, the undersigned were

appointed a committee to receive voluntary communications on Medical Subjects, and to award prizes in accordance with the regulations of that body.

Each communication intended to compete for a prize must be addressed to the chairman of the committee at Ann Arbor, Michigan, before March 20th, 1856, and must be accompanied with a sealed packet containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay; which packet will not be opened unless the essay belonging to it is successful in obtaining a prize.

Unsuccessful papers will be returned on application after the adjournment of the meeting of the Association at Detroit in May next.

A. B. Palmer, M. D., (chairman), S. Denton, M. D., A. B. Terry, M. D., A. Sager, M. D., S. H. Douglass, M. D., C. L. Ford, M. D., E. Andrews, M. D.

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WASHINGTON, Nov. 30, 1855.

DR. N. S. DAVIS :

DEAR SIR,—At the last Annual Meeting of the National Medical Association, a committee was authorized—of which I was appointed chairman, and associated with Doctors Francis Condie, of Pennsylvania, and Grafton Tyler, of the District of Columbia, to report what measures should be adopted to remedy the evils existing in the present system of holding Coroner's inquests.

This is a subject which comes home to every one of us, and it is one in which are involved the gravest interests, and as such should commend it to the consideration of every medical man. It is highly desirable to obtain any data relating to this subject such as the statutory provisions, the forms of procedure, the fees paid to medical witnesses; and it is desirable to ascertain what is the tenure of, and what are the qualification for the office of Coroner.

Any facts or suggestion will be most thankfully received and duly acknowledged.

I am respectfully your Ob't. Ser't.

A. J. SEMMES, M. D.

*To Subscribers.*—The present number closes volume four of the new series of the *North-Western Medical and Surgical Journal*. In it we enclose bills to a large number of subscribers who stand indebted on our books for one or more years; and we hope those to whom they are sent will give them prompt attention. If by mistake of the Clerk or by failure in the transmission of money by mail, any receive bills who have previously sent the money to pay the same, they will much oblige us by giving immediate notice of the fact, and we will most cheerfully correct all errors. We are willing to incur all the risk and losses by mail where the letters are plainly directed to the address of the undersigned.

We wish to give a fair notice also, that every name on our subscription list, which stands indebted to us for more than *one year*, on the first day of February 1856 will be stricken off. We have placed the printing of the new volume, commencing with the January number, in the hands of a Printer of tried experience and fidelity; and who is pledged to use better type, better paper, and greater punctuality, than has been used in times past. Our object is to make our Journal as valuable, in every respect, to the physicians of the North-West, as any other on this continent.

To secure this, we shall bestow upon it our best judgement and energies; and we cordially invite the co-operation and *contributions* of our readers.

N. S. DAVIS.

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*Personal Matters.*—We are not of that class who condemn all controversies, either in medicine or literature. On the contrary, when conducted in a liberal spirit and in accordance with appropriate rules, they sharpen the intellects of the writers, enliven the minds of the readers, and often elicit new thoughts which result in the extension of the boundaries of knowledge. To accomplish these ends, however, the controversialist must be actuated by a liberal spirit, and a strict sense of justice. The first will always cause him to treat his opponent kindly, and the second to represent all his sentiments truly. Those who take the trouble to



read the editorial articles of this Journal, are aware that a controversy has been maintained during the last few months, with one of the editors of the *Peninsular Journal*, concerning certain matters wherein the Medical Department of the University of Michigan claimed to be in advance of other schools.

Throughout this controversy we have wholly refused to reply to mere personal charges or allusions; we have strictly adhered to the legitimate topics involved in the controversy, and that we might represent the positions and sentiments of our opponent fairly and truly, we have been careful to quote, in his own language, every position and sentiment which had been made the subject of comment and criticism. When we alluded to the requirements of the Michigan school, we took the pains to quote them verbatim, directly from their last Annual Announcement. When a single quoted paragraph was charged with having been separated from its proper connections and its meaning thereby perverted, we promptly requoted it together with all that preceded and followed, to which it could claim any relationship; thereby enabling our readers to judge for themselves. Nor was this all. For when the only *harsh* word we had used, was complained of and misrepresented, we cheerfully explained the true sense in which we had used it, thereby placing it in a light which should have satisfied the most fastidious. We pursued this course, not because our opponent was an old personal friend for whom we entertained special sentiments either of fear or favor, but simply because it was in accordance with our sense of propriety and our long established rules of action.

We regret to say that the editor of the *Peninsular Journal*, Dr. A. B. Palmer, has seen fit to pursue a widely different course. Throughout the controversy, when alluding to the requirements of a rival school, instead of quoting fairly and honorably from its published rules, he has conveyed false impressions by partial statements; arrogantly assumed the position of censor and charged the Faculty with delinquency in the performance of their public duties; and has well nigh exhausted the vocabulary of opprobrious terms, not to heap upon us, but to charge us with having used towards him. We had hoped that a persistent refusal, on our

part, to reply to these personalities would eventually constrain our opponent to abandon so illiberal a course of conduct. In the December number of his Journal, however, while pretending to close the controversy, he has substantially repeated the most offensive of his personal charges, and with more arrogance than good taste, parades our courteous explanation of the sense in which we had used the word "falsehoods," as evidence of our shame and humiliation. It is an old maxim, that there is a point beyond which forbearance ceases to be a virtue. We have now come precisely to that place. In the course of this controversy, Dr. Palmer has distinctly informed his readers, that we had used "*such an array of unmanly evasions, untruthful statements, false accusations, and bitter bursts of feeling,*" as to utterly astonish him.

He has told them that we used "*false and abusive language;*" that we were "*his unjust accuser—nay his bitter traducer.*"

He charged us with having "*ignored*" the subject of preliminary education. And in his last article he again gives his readers to understand that we had previously passed "*to the extreme of rude courtesy and reckless misstatements;*" that we had accused him of "*falsehoods, and such other grossly unbecoming charges,*" &c., &c. These are all strictly personal accusations, directly calculated to influence individual character; and we now call upon the editor of the *Peninsular Journal* either to retract every one of them or place the *proof* of their correctness before his readers. We do not ask for renewed assertions on his part; but if we have used "*unmanly evasions, untruthful statements, and false accusations,*" our language containing them is on record.

Let him place *that language* before his readers. If we have "unjustly accused" and "bitterly traduced," him, the proof is on record. Let him place it before his readers. If we have "ignored" preliminary education—if we have exhibited the "*extreme of rude discourtesy and reckless misstatements*"—if we have accused him of "*falsehoods, and such other grossly unbecoming charges,*" let our language, containing these things be placed before *his* readers, verbatim et literatim, and we will abide their judgement. He has made the charges against us to his own

readers, and we have a right to demand that he now place before them the *proof* or an explicit retraction. When he honorably complies with this demand, we will reciprocate the compliment he has paid us in the following sentence, from his last article.

He says: "Our excitable neighbor has learned wisdom from experience, and appears to have come to the conclusion that a degree of discretion is the better part of valor." We are certainly glad that our friend has discovered evidence of this in us. To learn *wisdom* by experience, that we might thereby exhibit an increase of discretion or good judgement, has been, with us, one of the leading objects of life. We only regret that we have not discovered greater progress in the same direction, on the part of our Michigan neighbor.

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*Rush Medical College.*—In the introductory lecture of Prof. Brainard, contained in this number of the Journal, the reader will find an interesting history of this institution from its foundation to the present time. We will only add that the number in attendance, thus far this session is one hundred and forty; a very gratifying increase over several previous years.

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*Professional Changes.*—The chair of Obstetrics in the Medical College of Virginia, recently made vacant by the death of Prof. Bohannon, has been filled by the appointment of Dr. Conway, of Richmond. The chair of Chemistry in the College of Physicians and Surgeons, of New York, made vacant by the resignation of Prof. J. Torry, has been filled by the appointment of Prof. John Le Conte, of the University of Georgia.

Dr Alexander H. Stevens, venerable in years, and eminent for his professional attainments, has retired from the office of President of the same College; a station which he had honorably filled for many years.

Dr. T. Romeyn Beck, pre-eminent as a citizen, a teacher, and a man of science, died in Albany, New York, on the 18th of

November 1855. Full of years and honors he has gone to the reward of his labors.

*Edinburg University*: Dr. Laycock, has recently been appointed to the chair of Practical Medicine in this ancient seat of medical learning. His competitors were Drs. Bennett, Craigie, Douglas, Gardner, McCormac, Munro, and Wood.

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*What is thought of our National Organization on the other side of the Atlantic.*—The *Medical News* of Philadelphia, copies the following complimentary notice of the American Medical Association and its Transactions, from the Association Medical Journal of Great Britain. Let the profession in America continue to sustain their National Organization in such a manner that it shall constitute an example well worthy of imitation by our brethren on the other side of the wide waters.

“Of such a body as this—the most enlightened representatives of the greatest medical constitutency in the world, it would be presumptuous for us to speak in terms of praise; and we must be content to place before our readers a sketch of the scope and result of its past labors.

“We find then, on referring to the volumes of *Transactions* already published by the Association, that, in the first place, the duties of the standing committees have been ably and thoroughly fulfilled. We find the progress of medical science as a whole, and of practical medicine, surgery, and obstetrics, the most prominent divisions of the main subject, have been carefully and accurately traced in a series of reports worthy of the highest praise. Clear, concise, and comprehensive, these reports reflect the greatest credit, not only upon the committees from whom they have emanated but also upon the judgement of the Association, in selecting the members of those committee for their respective duties.

“The Committee on Medical Education, having commenced its labors by a description of melancholy deficiencies, and having constantly endeavored to remove them, was enabled to sum up its

last report in the following words of cheerfulness and encouragement :—

"Your Committee are pleased to bring, from the different sections of the country in which they reside, gratifying assurances that the labors of this Association have thus far been fruitful of good results. The volutary principle in its organization, and its representative character, increases from year to year its moral power and influence, which have been manifest in the increase of State and county societies, and in the efforts which many of the medical schools have made to conform to its recommendations."

"The Committee on Medical Literature has 'considered the general subject assigned to it, under three heads, viz.: the medical periodicals; the medical publications, including monographs and books; and the best means of elevating the character and extending the usefulness of the national medical literature.' The first report intimates (it is a remarkable fact that, in the New World the errors of medical periodicals are not 'beneath the dignity' of a learned society) that, with regard to the medical journals, 'a sore cause of complaint, of occasional but not frequent occurrence, is to be found in the liberties allowed to anonymous writers—not so much with regard to each other, for, if "Medicus" and "Senex" were to succeed in reciprocal annihilation, the loss might not be serious—but with regard to their neighbors at large, and to things in general.' 'An editor,' says the report, 'is responsible that nothing shall be admitted into his pages, the essential character of which is hostile and inflammatory, on the same principle that he is bound to be courteous in his common intercourse.' In the same paper the American translations or reprints, together with the original works on medicine, are criticized or mentioned. Under the surveillance of a committee guided by the principles we have described, it will afford no matter of surprise that the report on Medical Literature presented in 1853, should contain much to indicate progress as well as much of warning and admonition for the future. Although very sparing of praise, it concludes by the expression of a 'confident conviction that the literature of our profession has already commenced a rapid improvement, which is destined to continue until it attains an elevation and influence corresponding with the high social and political destiny of our country.'"

'Besides the regular proceedings of the standing committee, the American Association has accomplished a laborious investigation of the indigenous Medical Flora of the Union; has examined into, and reported upon, the adulteration of drugs; has ascertained the sanitary condition of the various States, and the difference between them in respect of the public health; and has on several occasions appointed committees for the study of epidemics and of

special scientific subjects. These committees have collected and published a vast amount of highly valuable information.

"We have now, as fully as our narrow limits will permit, laid before our readers an account of the government, the animus, and the operations of the American Medical Association. It would be a pleasant task to dwell longer upon these topics, and to fill in with appropriate shading the scant outline that now appears upon our pages. But instead of doing so, we must turn at once to the practical question which even this outline cannot fail to suggest; we must inquire into the causes of that success, especially in ethical reform, which we cannot fail greatly to admire, and can scarcely refrain from envying. Those causes are to be found, we believe, solely in the moral power which is inseparable from a constitution based upon the principles of equal representation."

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*Number of Students in some of the Eastern Medical Colleges.*—According to the *New York Medical Gazette*, the whole number of Medical students attending the colleges in that city is about four hundred and thirty-five. They are distributed as follows: the University School 200; the College of Physicians and Surgeons 160, and the New York Medical College 75. The December number of the *New Jersey Reporter*, says the aggregate number of students attending the schools in Philadelphia this winter is less than heretofore. The number in the Pennsylvania University has fallen off, about 50; in the Jefferson School about 100; while the number attending the Pennsylvania and Philadelphia Colleges, has moderately increased.

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*Antidote for Strychnine.*—A writer in the *American Journal of Medical Sciences*, speaks confidently of the efficacy of simple cerate or lard, as an antidote for strychnine.



